The Canadian Nurse

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REGULATIONS FOR THE ARMY NURSING SERVICE RESERVE.

I.—Constitution.

1. The Army Nursing Service Reserve is formed for the purpose of maintaining a reserve of nurses to supplement Queen Alexandra's Imperial Nursing Service in the event of war. It is under the control of a Committee, of which Her Royal Highness the Princess Christian of Schleswig-Holstein is President; but when members are doing duty in military hospitals they are entirely under the control of the Army Council.

II.—Qualification of Candidates.

2. A candidate for appointment must not be under 26 or over 45 years of age.

3. Appointment will be for a period of 5 years, renewable at the desire of the member and discretion of the Committee.

4. A candidate will be required to sign a declaration* of her willingness, in the event of war, to accept service, if called on to do so, in a military hospital in the United Kingdom,† and she must forward the following with the declaration form:—

(*a*) A certified copy of the entry in the registry of her birth, or, if this is not obtainable, a declaration made before a magistrate by one of her parents or guardians, giving the date of her birth.

(*b*) A certificate that she has completed, to the satisfaction of the hospital authorities, a course of not less than 3 years' training and service combined in a civil general hospital.

(*c*) A recommendation from a person of social position (not a member of her own family) to the effect that by education and conduct she is, in every way, a desirable person to enter a service composed of ladies.

(*d*) Two recent testimonials of efficiency in medical and surgical nursing from registered practitioners under whom she has worked.

(*e*) A certificate from a registered medical practitioner that she is in good health.

5. A recommendation from the matron of the civil hospital at which she was trained, certifying that she considers the candidate in every respect suitable for appointment to the Army Nursing Service Reserve, will be required, but will be applied for by the Committee.

*The form of declaration will be supplied to intending candidates, on application by letter to the Honorary Secretary, Army Nursing Service Reserve, War Office, London, S.W. A copy of the form is printed at the end of this article.

†Although members can be called on only to replace in military hospitals at home those members of Queen Alexandra's Imperial Military Nursing Service ordered abroad, yet in case of emergency they may be allowed to volunteer for service abroad or at the seat of war.

III.—Dress.

6. Members, when not doing military duty, are not bound by any rules as regards dress or uniform, but are expected to wear at all times the badge of the Army Nursing Service Reserve. The badge will be worn on the right breast. When members are doing military duty, they are supplied with a regulation uniform.

The uniform approved by Her Royal Highness the President, to be worn by members when doing duty in military hospitals, is similar to that approved for Queen Alexandra's Imperial Military Nursing Service, with the exception that the cape is of grey material with a border of scarlet cloth 2¼ inches wide, and that the badge of the Army Nursing Service Reserve is worn on the cape instead of that of Her Majesty Queen Alexandra.

IV.—Discipline and Duties.

7. Members of the Army Nursing Service Reserve doing duty in military hospitals will be required to conform to the rules laid down for Queen Alexandra's Imperial Military Nursing Service in the Regulations for Army Medical Service, in so far as they may be applicable.

V.—Retirement.

8. Members on attaining the age of 50 will cease to belong to the Army Nursing Service Reserve.

VI.—Pay and Gratuities.

9. Members doing duty in military hospitals receive the same rates of pay as the members of Queen Alexandra's Imperial Military Nursing Service. These rates are as follows:—

	Initial Rate.	Annual Increment.	Maximum.
	£	£ s.	£
Matron.	75	10 0	150
Sister.	50	5 0	65
Staff Nurse.	40	2 10	45

10. A member of the Army Nursing Service Reserve doing duty in a military hospital will, on the cessation of her employment from causes beyond her own control, receive a gratuity at one of the undermentioned rates, provided she is certified by the principal medical officer, under whom she has served, to have rendered satisfactory service. If her employment has extended beyond one year she will be granted, under the same conditions and at the same rates, a further gratuity for each complete year of further service, broken periods to be calculated accordingly. If she has relinquished her employment for reasons not satisfactory to the Army Council, she will forfeit her title to a gratuity.

The following are the rates of gratuities:—Matrons, £15; Sisters, £10; Staff Nurses, £7 10s.

VII.—Allowances.

11. An allowance in lieu of board and washing, at the rate of 15s. a week at a home station or of 21s. a week at a station abroad, is granted to members

of the Army Nursing Service Reserve doing duty in military hospitals, and a special allowance for the provision of clothing at the following rates:—

Clothing and cloak allowance abroad.....	£9 a year
Clothing and cloak allowance at home.....	£8 a year
Outfit allowance when proceeding on active service	£8 5s.

12. An allowance of 10s. 6d. a week for board, etc., is granted to the servant appointed to attend on army nurses.

13. The other allowances at stations abroad, including the allowances for servants, are at such rates as the Army Council may determine.

14. Members doing duty are also supplied with government quarters, and with fuel and light, or granted allowances in lieu.

ARMY NURSING SERVICE RESERVE.

Recommended by

*..... ....

†I .....

a Candidate for appointment to the Army Nursing Service Reserve, do hereby declare that I have answered the following questions to the best of my knowledge and belief, that I am fully aware of the terms and conditions of service under which I seek appointment and accept the same; that I am willing to serve under the Rules laid down in the Regulations for Army Medical Services in so far as they may be applicable, and, in the event of war, am prepared (when called up for duty) to join at any Military Hospital in the United Kingdom to which I may be posted.

I further undertake to join within a fortnight of receiving notice.

1. Date of birth.....
2. Place of birth.....
3. Name and profession or occupation of father. . . ..
4. Whether single, married, or widow.....
5. Where educated. .....
6. Whether a member of a sisterhood or society. . . ..
7. State of health.....
8. ‡In what hospital were you trained and for what period? What posts have you held since completing training and for what periods?

1.....
2.....
3.....
4.....
5.....
6.....

*Insert name of person giving you the recommendation. (*b*) See footnote end of article.
†Fill in full name.
‡The following may be used *as a guide* in answering this question:—
1. Certificate St. Bartholomew's Hospital, 1890-1893.
2. Charge Nurse Charing Cross Hospital, 1894.
3. Sister, Sussex County Hospital, 1895-1898.
4. Private Nursing, 1899-1901.

9. What experience have you had in hospital supervision? .....
10. Have you a knowledge of any foreign languages? .....
11. Are you at present employed on nursing duties, and if so where and in what capacity? .....

(Signature of Candidate).....

(Permanent address).....

.....

Date.....

N.B.—The following documents must be forwarded with this declaration, addressed to—

THE SECRETARY,

ARMY NURSING SERVICE RESERVE,

War Office, London, S.W.

(*a*) A certified copy of the entry in the register of your birth, or, if this is not obtainable, a declaration made before a magistrate by one of your parents or guardians, giving the date of your birth.

(*b*) A certificate that you have completed, to the satisfaction of the hospital authorities, a course of not less than three years' training and service in a civil general hospital.

(*c*) A recommendation from a person of social position (not a member of your own family) to the effect that by education and conduct you are, in every way, a desirable person to enter a service composed of ladies.

(*d*) Two recent testimonials of efficiency in medical and surgical nursing from practitioners under whom you have worked.

(*e*) A certificate from a registered medical practitioner that you are in good health.

THE MONTREAL EMERGENCY HOSPITAL.

The Montreal Typhoid Emergency Hospital is closed, after having been in existence for nearly three months. Looking back one realizes that good work has been done. Miss MacDonnell, late Superintendent of the Albany Hospital, was Lady Superintendent, two Montreal General Hospital graduates were assistants, Victorian Order nurses in charge of the wards, graduates from Toronto, Ottawa and others hospitals as well as from our own city, all worked together with one aim. One is convinced that the need has but to arise and help will speedily be forthcoming as far as the nursing is concerned. The ladies came to our aid and made dressings, swabs, pads, nurses' and doctors' gowns, and in fact everything needful in the way of supplies. The nurses' time was fully occupied with the nursing proper, and the diet kitchen nurses looked after the nourishment. The homes of the patients were visited by the Relief Committee, and family cares did not retard recovery. Never were patients watched with so much interest. Flowers bloomed in the wards as though it were midsummer. The children's hearts were gladdened by gifts of toys which they were allowed to take home with them.

Nor were the patients ungrateful. One of them, who was successfully operated upon for perforation, in the General Hospital, returned to thank those who had been kind to him. Speaking of his illness he said: "Surely it was the hand of God that led me to get out of bed in my boarding house and walk down to the hospital. I was very much discouraged and had about lost my faith in God and man, my wife and children were in Ireland, and no one seemed to care what became of me. I suppose had I not come in here, when I felt the pain I should have sent for a little whiskey to relieve it and within the next day or two I probably should have died. And here I am alive and being sent to a convalescent home to recuperate. Kind friends have been raised up to help me and life seems worth living." That was only one instance. Many hearts were cheered and helped. One little lad was so delighted with the outfit provided for him by the ladies that he wanted to take his clothes to bed with him, and early in the morning was found sitting up in bed with a new shirt on and his cap and gloves.

Of course there were grumblers, too. The man who only got eight slices of bread when he wanted ten, the boy who expected ice cream at every meal, and the woman who informed Lady Grey that the patient next to her consumed quantities of food while she was only on liquids, with the comment, "My word, I don't know where she puts it all." The *Star*, in speaking of the recent epidemic says: "Though the actual work of the Typhoid Emergency Hospital be done, the memory of its achievement will not soon be forgotten. Its part in fighting the epidemic now happily over, will stand for years in the minds of all as a splendid monument to the humanitarianism of the citizens of Montreal, their generous charity and effective co-operation in a time of civic stress and suffering."

This is all true, and the citizens have accomplished a great work but there remains a still greater to be done. The typhoid epidemic is over for the time, but Montreal has no civic tuberculosis hospital, and while the population of the city is steadily increasing there is very little increased hospital accommodation. Every general practitioner in the city feels this lack, and all have patients in homes where they cannot be isolated, each case a menace to those around.

The Committee of the Emergency Hospital at its close offered their equipment to the city, but their offer was refused. In the meantime it is being stored in case of a repetition of this year's epidemic. The feeling is that with the best intentions the Board of Control cannot have the new filtration system established before the end of the year. In the meantime all this equipment is lying idle when it might bring comfort and relief to many a dying tuberculosis patient. Let us hope the good citizens of Montreal will understand the need of acting quickly in this matter that the good work may not cease.

Montreal. ANNIE M. COLQUHOUN.

"PRACTICAL IDEALISM IN PLANNING HOSPITALS."

The distinction between ideals which are practical ideas, and ideas which are impractical ideals, is so marked that I hardly need go into a precise definition of their difference. Nevertheless, despite the wide line of demarcation between the two, there has been up to within very recent years little or no practical idealism in hospital planning. The causes for this are many and varied, but the principal one, and the one upon which I wish to lay most stress, is the fact that hitherto the question has been considered from a standpoint of ideals, or it was the fixed idea of an individual with ideals, largely impractical.

In a recent paper appearing in one of the hospital magazines, Dr. C. P. Emerson stated, in reference to the planning of hospitals and the construction of these, that "with few exceptions there are no architects in this country who have planned over two hospitals." All of you who are connected with hospitals are far too busy to go into the subject closely enough and minutely enough (except to get such ideas as might redound to the welfare of your own institutions) to get at a comprehensive idea of what is needed in not only your institution, but in all institutions. Such meetings as this are of inestimable value, but no great surgeon was ever trained and perfected in his work, nor could he be, by getting the concensus of opinion from papers and discussions.

Physicians on the whole have had rather impracticable ideas inasmuch as their opportunity for studying the hospital from its administrative and maintenance point of view has been rather limited. The busy physician and surgeon had, or took no time to acquaint himself with what he considered the minor details of the general administrative requirements of such institutions. These very points are the ones which are so necessary in the planning of hospitals, as ultimately the entire planning of a hospital must resolve itself about the necessary details of administration.

It remained, therefore, in the evolution of this subject, that the question had to be left to the working out of general ideas rather than to a carefully planned consummation of practical ideals, or, perhaps, with the aid of an architect, one or two men would work out what they considered a comprehensive plan for their own immediate needs, regardless of future exigencies. This plan was usually carried out with a view point of getting the ideas of a local and general architect and the committee to fulfill the requirements for the ordinary hospital. The fact that in this particular work, vital in its minutest detail, was needed the services of a specialist with a broad knowledge gained from the close study of an experience in this one field, has only in the last few years been recognized.

The great question to be considered is that a hospital is a "living thing" which must be supple as well as graceful; that it must be a means to an end rather than the end. The study of this problem too often resolves itself in the one object of making the hospital a climax, This is diametrically opposed to what should be the case. Peculiarly, and this needs serious thought, those who are building a hospital are not the final arbiters of the ultimate size to which this hospital shall attain. This is where the practical idealism of most

men connected with hospitals falls far short. They have rigidly fixed ideas that their hospital shall not contain more than just so many beds as its ultimate capacity. They give no thought to the growth of towns; they give no thought to the fact that people are becoming more and more educated to the hospital idea, and that the hospital is no longer a necessary evil, but a blessed necessity. They give no thought whatever to the fact that when their institution is full and that they are running to their utmost capacity at all times with more patients clamoring for admittance, or when the staff physicians and surgeons, unable for lack of room to place their private patients in this hospital, will doubtless take them elsewhere, that this condition gives birth to a mushroom growth of badly planned and poorly constructed hospitals, a menace and a detriment to any growing community.

It is this phase of the problem where a man's ideals should go beyond what this generation requires, and to prepare for the future of the institution. To-day there are too many indiscriminate calls made upon men for funds to endow or support institutions more or less worthy, but which from sheer ignorance of necessary detail in their planning and administration, are maintained at an appallingly disproportionate expense. It is plainly evident that one good hospital containing 100 beds, planned with a view to future enlargement, maintained at a minimum of expense which has every advantage for the physicians in the town in which it is located, for the training of its nurses and the general care of its patients, could be run at considerably less expense so far as the general maintenance charge was considered, than four hospitals containing 25 beds each of the type to which I refer, or, for that matter, of almost any type. There is too much division of the general maintenance for the taking care of these 100 patients referred to in the separate smaller institutions.

This maintenance charge is after all the vital point to be considered. One cent per day per patient in a 100-bed hospital means the interest per year on $7,300, and I might add that this is a perpetual mortgage, the principal of which can never be paid. Calculate, if you please, what a saving of five cents per day per capita means in such a hospital. The saving every year, for all time, of the interest on $36,500, which, if this interest were added to the amount involved, would in a very few years be sufficient to double the size of the institution. In five years this amounts in interest alone to over $10,000, and in ten years, principal and interest amounts to $60,000, and this on the saving of only five cents per day on 100 patients.

In a recent issue of The Hospital, published in London, appeared the following: "There is nothing more distressing to a practical man acquainted with the possibilities of hospital administration than the evidence which accumulates with telling force as inspections are made of many hospitals. The purchase of relatively imperfect or useless fittings, the adoption of exploded methods of ventilation, the extravagance almost everywhere manifest with increasing force in hospital buildings, the omissions of practical details and facilities which recent plans too often display, and the multitude of other matters afford melancholy evidence to the expert that something is wrong somewhere. It is dangerous, and immensely costly, to employ an architect to

build a hospital who has no practical knowledge of its interior working and administration. Architects fail, as a rule, to grasp that the theory of hospital construction is a living thing. That is to say, it is never possible at any stage to say that a climax of excellence and completeness has been reached. The failure to appreciate this fact has produced a number of striking failures, as represented by recent hospital buildings of importance. What are we to say of a man who spends hundreds of thousands of pounds and shows so little apprehension of the requirements of a great hospital that he places his operation theatres in a position which compels every patient operated upon to be brought out into the open air, and, possibly, to traverse some distance in it for some minutes? How many deaths may result from this one failure to appreciate realities, without possibly the architect ever realizing the innumerable deaths which may be justly laid in large measure at his door."

This clearly defines the present situation. Every hospital is a separate and distinct problem, and just as any professional man becomes invaluable in his field of endeavor as he concentrates and specializes on one particular effort or line of work, so with the hospital architect it has become a fixed understanding that upon him devolves the necessity of making the theory of hospital construction a "living thing." And herein lies the practical idealism.

I can only give to you a brief outline of the possibilities of making the hospital just what it should be, to fulfill the requirement of having it a living and a growing thing. The first principle, I might say the first of the practical ideals attainable in the development of the idea is the greatest amount of serviceability at the lowest cost consistent with a first-class structure and a minimum of fixed and maintenance charge for the maximum of work to be done. Unfortunately, up to a few years ago, hospitals were the outcome of ideas evolved direct or in a perpetuated state of something which had already been done. The ideas which had been worked in this scheme of things have not always been ideal, as some of them were either indifferent or wholly bad.

I am not going into the subject of the relative size of hospitals nor their cost, except to say that there is much need for education along these lines. While I do not under any circumstances whatever advocate the expensive hospitals in any sense of the word, still there should be sufficient funds to carry on the work without the necessity of endeavoring to get complete and equipped buildings for less than what the bare cost of construction should be for a first-class building.

Because a hospital of large capacity, say 300 to 500 beds, can be built at a roughly estimated cost of $1,200 to $1,500 per bed, or even in some cases as low as $1,000 per bed, as has sometimes been done, this does not necessarily mean that because a hospital contains ten beds or fifty beds or one hundred beds, that it should cost respectively $10,000, $50,000 or $100,000. A hospital containing 50 beds could cost anywhere from $60,000 to $100,000 without being in the least extravagant. There are a multitude of reasons for the variation in cost, such as the proportion of wards to rooms, size of these, economy of plan, the expansion of the first unit of constructin wherein has been placed the

service for the succeeding units, either in whole or in part, the present price of labor and material, the necessity of making such buildings absolutely fireproof, the isolating of each floor from every other floor, of separating the different departments in such manner that there is no confustion, and that there will be a minimum of maintenance charge. The same operating department which would be needed in a 50-bed hospital, practically the same amount of kitchen department and general working department, would be required in a 100-bed hospital or a 200-bed hospital, and so it might be stated for the other items of fixed expense in such buildings from foundation to roof. Moreover, half a hundred different plans could be made for any hospital, each having merit, but it is safe to say that but one or two of these would be practically ideal from every point of view, especially in the economy of construction and in the economy of maintenance, the ease of handling and the thousand minor details which go to make up the hospital building.

In a hospital which is planned and built without embodying these practical ideas fully and minutely, all is confusion never ceasing in maintenance and service.

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HIGH CALORIE DIET.

When I was first asked to prepare a high calorie diet, I must confess I thought it a fearful and wonderful thing. To begin with, I couldn't remember ever having heard of such a thing as a calorie. I hunted through my trusty pocket dictionary, but was really more at sea than ever. The definition read: "The amount of heat required to raise one kilogram of water one degree centigrade." As the metric system was never my strong point, I believe I would have still been floundering in the depths, but for the timely aid of our teacher from Columbia College.

As so many of our readers have written me since my last article appeared, I will try to give an explanation of the high calorie theory.

In the first place, a calorie is merely used as a unit of heat, just as a metre is the unit of length. With this as a unit, the heat producing qualities of foods are accurately measured. Heat is liberated while the food is undergoing the various chemical changes in the body. With every movement of the body or exercise of feelings or thought, material is being consumed which must be resupplied by food.

During a fever, of course, there is a great deal more "fuel burned" than during health, as there is so much more heat produced. As more "fuel" is consumed, more "fuel" is needed than during health. Otherwise the tissues are called upon to supply the extra heat, and as these become consumed the patient becomes more and more emaciated. The theory advanced is that by supplying the body with sufficient heat-producing food or "fuel" to meet the increased demand for it, the tissues will be left untouched and there will be no emaciation.

As a normal person requires about 3,600 calories during the 24 hours, a patient running a high temperature will need a great many more. They are literally "burning up," and need fuel to take the place of that being so rapidly consumed.

Scientists have found out and placed in plain figures for us the average number of calories to be found in ordinary food products. The only duty left to the nurse is the comparatively simple one of preparing what is ordered from a given table. Of course the food giving a high number of calories in a concentrated form is generally ordered. A patient that is ordered a higher number of calories than needed in normal health, is said to be on "high calorie diet."

In the hospital the list is kept in the diet kitchen and a few of the most-used articles on it are:

1½ quarts milk	=	1,000 calories.
1 óz. milk	=	20 "
1 pint. cream	=	1,000 "
1 oz. cream	=	62 "
250 grms. milk sugar	=	1,000 "
1 egg	=	80 "
1 oz. butter	=	225 "
3 slices bread	=	200 "

One can readily see from this how the calories are reckoned. The doctor orders, let us say, 6,000 calories during the 24 hours, and tells just what kind of food he wants given. It is then the nurse's task to make up an appetizing and well-balanced menu for the 24 hours, getting in the required calories. In my last paper a diet was given which we found very satisfactory.

Cocoa, lemonade, junket and ice-cream are also made in the diet-kitchen and accurately measured. All calories are charted when the food is taken by the patient, so the doctor can readily see just how much or how little his patient is getting. Where coffee is ordered, we give "calorie coffee," made as follows: Milk sugar, grms 50; strong coffee, 4-5 oz.; cream, 3 —. One cup contains 324 calories.

When one considers that a cup of rich cocoa contains 426 calories, we can easily see that it does not take such a prodigious amount of food to make up the grand total of 3,600 calories.

I once tried to estimate the number of calories contained in my own daily food, but as I had a particularly nice box of candy that day, I am ashamed to tell you what the grand total was.

IRENE A. FORDE.

New York, 1910.

THE EFFECT OF THE TRAINING SCHOOL ON THE INDIVIDUAL.*

The first experience in the training school is one never to be forgotten. Sympathy for suffering humanity, the beauty of a life of sacrifice, and all the hopes and fears connected therewith, are for the time obliterated by a sense of

horror as one is confronted, it may be, by a row of lint-masked faces, bandaged bodies, and groans of agony, victims of a terrific gas explosion.

Almost overwhelmed, one turns away, yet the scene is strangely fascinating and a second glance reveals a nurse standing by one of the sufferers. With gentle, unerring hands, the bandages are removed, the wounds dressed, and the low, murmured relief of the sufferer is audible.

Then one experiences a feeling akin to an electric shock; the moments of weakness are abandoned with contempt, and the all-consuming desire henceforward is to cultivate the quiet sympathy, the kind, observant eye, the gentle, unerring hand, equal to any emergency in the battle for life.

But now the influence of the training school is asserted and the lesson of patience is presented to us, as many homely duties must be performed before we are promoted to the surgical dressings. Yet reason teaches us that spotless bath rooms, wards free from dust, thorough disinfection, daintily prepared food, etc., are all important factors in the science of nursing, and our daily fight with bacteria becomes almost a pleasure when we have learned how easily these "little things of life confound the mighty."

Some morning the young nurse passes a door, heavily barred and violently shaken from within, while yells of fury, alternated with muttered curses or incoherent babbling, break forth. One learns that this is an "Alcoholic."

Not always the ignorant, but highly intelligent, well educated, probably "God's good men" in all other characteristics, reduced to this state of imbecility by whisky. When the wife or aged mother appears, asking tenderly to see the loved one, we are almost speechless. Having witnessed the awful scene, the endeavour of all nurses will be to aid in abolishing the subtle destroyer of reason, happiness and life.

The training school teaches us the greatest of all commandments, "love for our fellow men." When we nurse the sick, it is with the idea of giving relief; but the helpless, delirious typhoid, pneumonia, meningitis, or whatever the case may be, sweeps away the barriers of reserve in our nature, the helplessness appeals to us, the suffering demands our compassion, until we find them constantly creeping into our affections, adding interest to life. In every recovery we find new rejoicing, and in each death sincere sorrow.

The nurse goes on duty, for a time, in a ward where she is confronted by nothing but remnants of humanity. A face looks up, from which the nose has dropped off with loathsome disease. The bodies are covered wtih hideous and foul-smelling ulcers. The dispositions are deceitful, suspicious, irritable, hopeless. And we learn that we are in the midst of moral lepers.

That which we deem caprice or obstinacy may be nature's message to the patient, not to be harshly over-ruled, but weighed and considered, and if "found wanting," the greatest rebel will usually be won by tact, gentleness and courtesy.

We learn that our mission is not to minister to the ills of the body alone, but to the tired heart and discouraged soul, until we find the greatest happiness in offering our life "a humble instrument in the hands of God, to flash into the arena of human needs and sorrows the light of hope and Divine truth."

Toronto General Hospital. A. McQUHAE.

*Prize Essay Competition.

REGINA'S NEW HOSPITAL.

"Construction."

REGINA GENERAL HOSPITAL.

DESCRIPTION OF BUILDING.

When the City of Regina decided to build a new hospital, all the local architects of Regina were invited to submit plans in competition. This was done, but no plan was accepted by the city. The city then engaged Mr. Sturm, of Chicago, to prepare plans and specifications. After these plans and specifications were received they were found not to comply with local conditions and requirements, and Storey and Van Egmond, architects, of Regina and Saskatoon, were engaged by the city to prepare new plans and specifications which were accepted and in accordance with which the building is being built.

The Building.

The building is being erected by Messrs. Snyder Bros. at a cost of $100,000 from plans and specifications prepared by Messrs. Storey and Van Egmond, architects, and under their supervision. The building will be 146 feet long and 46 feet wide, four storeys and basement.

Layout.

Basement.—In the basement are provided the following: General waiting room, registration office, dispensary, three examination rooms, observation room, laboratory, drug stores, kitchen stores, lavatories and baths, locker room, carpenter room, morgue, fan room, elevator room, boiler room and coal room. There is a main entrance to the general waiting room. Directly opposite the waiting room are situated main stairs and elevator. Service stairs separate from main stairs. Ambulance entrance at rear direct to elevator and tradesmen's entrance direct to service stairs. Separate entrance to morgue.

Ground Floor.—On the main floor are provided the following: Entrance lobby with stairs leading to basement and main floor; administration department, consisting of Secretary's offices, reception room, examination room with private lavatory, internes room, library, study, Matron's rooms with private bath room, and Medical Superintendent's rooms with private bath room; maternity department, consisting of a general obstetrical ward, two private wards, infant ward, laboratory, toilet and bath room, service room, diet kitchen and service stairs.

First Floor.—On the first floor are provided the following: Two medical wards, two typhoid wards, two pneumonia wards, five semi-private wards, two toilet rooms and bath rooms, two service rooms, linen and chart room, diet kitchen, service stairs, main stairs and elevator. This floor is laid out so that the men's department is on one side and women's department on the other side, with separate service rooms, lavatories, etc.

Second Floor.—On the second floor are provided 18 private wards with separate closets; some of these wards can be utilized as semi-private wards in emergency. As in the floor below, each wing is provided with separate lavatories, service rooms, etc., in order that one side can be for women and the other side for men. Diet kitchen, linen and chart room, etc., also provided on this floor.

Third Floor.—On the third floor one wing is devoted to the operating department, consisting of one large operating room, with students' balcony

above; one small operating room, sterilizing room, supply room, anasthetic room, instrument room, nurses' room, doctors' room with lavatory, shower bath, etc., laboratory, two recovery wards, obstetrical delivery room and service room. On this floor are also provided two surgical wards with toilet rooms, service rooms, etc., and one private surgical ward. In the opposite wing to the above there are provided the main kitchen, special diet room, kitchen stores, help dining room, nurses' dining room, and doctors' dining room.

In General.—The main entrance is in the centre of the building and opposite the entrance is situated the main stairs. Next to the main stairs is the elevator, with landing at ambulance entrance, and extending from basement up to roof in order that patients may be taken up to roof if desired. The service stairs also extends up to roof. Each service room is to be provided with work table, bed pan rack and flower sink, broom closet, sterilizer, slop sink and shelving. Each diet kitchen is to be provided with double deck table, sink, two dumb waiters from main kitchen, cupboards, refrigerator, gas stove connection and steam table connection. In the store rooms are provided two large refrigerators with three compartments in each. At the south end of the building on each floor is a balcony with iron fire escape stairway.

Construction.—The building is fireproof except for the windows. The floors are of reinforced concrete and partitions either of solid brick or metal stud and metal lath. The roof is of reinforced concrete with a suspended ceiling of metal strapping and metal lath. The exterior walls are of solid brick and stone, and there are two interior walls of brick running the entire length of building. Both stairways and elevator are enclosed by solid brick walls. The finished floor in wards and rooms is to be of white maple; the corridor, lavatories, operating room, etc., will have a patent monolithic flooring with colored border. The use of trim and all woodwork where possible has been eliminated throughout, the plaster being rounded into all frames and a small cove base being used throughout. All angles throughout are to be rounded. Corridor walls, operating room walls, lavatory walls, stair walls and railings are to be finished in Keene's cement, marked off to represent tile and enamelled. All doors and other woodwork in the administration part is to be of birch with mahogany finish, and all other woodwork throughout is to be white enamelled. All walls and ceilings of operating and sterilizing rooms also to be enamelled. Stairs to be in reinforced concrete with monolithic patent treads and risers. At the elevator landing on each floor are provided automatic fusible link fireproof doors. The exterior will be executed in red pressed brick and Tyndall stone.

A complete fan system of ventilation has been provided, the fresh air being drawn in over heating coils and ejected into every ward, and the foul air ejected above roof. Pullman automatic sash ventilators have also been provided. The building will be heated by a low pressure steam system with two return tubular units and the Powers automatic system of temperature regulation by thermostats and compressed air.

The contract calls for the building to be finished by December, 1910, and the walls are now above the ground.

The building stands on a square of about 11 acres. The isolation building will probably be on the north-east corner, the Nurses' Home on the south-east.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

A great banquet, at which some two hundred guests were present, was given to mark the occasion of the retirement of Miss Olga Keer from the position of Matron-in-Chief of the Q. A. I. M. N. S.

Miss Keer is the daughter of the late Major-General Keer, of the Bengal Staff Corps, and resided in Toronto for some time with her father.

The Daily Telegraph, in speaking of her career, says: She was among the first to be ordered to South Africa at the close of 1899. She followed Sir Redvers Buller's force to Wynberg, remaining in Natal during the campaign, and for some time after was at Pretoria, until her recall to the War Office itself.

Miss Keer's appointment as Matron-in-Chief dates from April, 1906. She has added 170 highly trained and efficient nurses to the service, which now numbers about 300. With the reductions of the garrisons in South Africa, many nurses became available for other commands, and she has been able to send all those who belonged to the Army Nursing Reserve back to the civil hospitals whence they were drawn. All the strictly military hospitals, including that of Hong Kong, are now staffed by members of Queen Alexandra's Service. Their standard of efficiency has been fully maintained, as well as that part of their duties which consists in the supervision and instruction of the hospital orderlies. Many improvements, too, have been brought about in regard to hospital buildings and in the quarters for the nurses themselves.

In another direction Miss Keer's chief-matronship has witnessed an important development, and that is in regard to the Military Families' Hospitals of the chief depots and garrisons. New institutions of the kind have been established at Tidworth, Bulford, Shoeburyness and Cairo, while that at Fermoy has been enlarged. At present the nursing in these cannot be done by members of the service, but a very much higher standard has been set up regarding the nursing within them, and the regulations now laid down were issued as recently as with the Army Orders of last December. Nurses desiring to take up this work are required to have a certificate of not less than three years' training in the medical and surgical wards of accredited hospitals, and to possess the certificate of the Central Midwives Board. Equally, however, Miss Keer has improved their position for them by securing increased pay and allowances, and, best of all, a small pension. They have a prescribed uniform, and their status has been generally raised.

In other ways, too, Miss Keer has initiated advances which her successor will be able in turn to develop. The Queen received both Miss Keer and Miss Becher recently at Buckingham Palace, and thus Her Majesty was able to learn what has been accomplished in the last four years, and what remains yet to be undertaken. Miss Keer has the medals for South Africa granted by Queen Victoria and the King, and the decoration of the Royal Red Cross was conferred upon her in 1902. As far as her future plans go, she is somewhat undecided, for with her activity of temperament she has no desire to be idle, after some short rest and recreation. She takes away with her the respect and affection of the entire nursing service of the Army, who know well how she has striven both for the efficiency and well-being of its members, as well as for the care of the soldier himself in peace as in war.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES—ESTABLISHED 1895—INCORPORATED 1901.

President—Miss Baikie.

Vice-Presidents—Miss Colquhoun and Miss DesBrisay.

Recording Secretary—Miss Phillips.

Corresponding Secretary—Miss Colley, 133 Hutchison St.

Registrar—Miss Burch, 175 Mansfield St.; Phone, Uptown 907.

Reading Room—The Lindsay Building, 518 St. Catherine St.; Room 611.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, 112 Mansfield St., the first Tuesday in the month at 8 p.m.

Committee Meeting—The first Monday of each month at 3.30 p.m. in the Lindsay Building.

Miss Martha Colquhoun is nursing in St. Johns, P.Q.

Miss Elenor Sait has returned from Quebec, where she has been spending the winter.

Miss Armstrong, who has been ill in the hospital, has recovered sufficiently to return home.

A message of sympathy was sent to the Queen Mother Alexandra by our Association and a cable of appreciation and thanks received in reply.

The Misses Emily and Emma Cooper sailed by "S.S. Sicilian" on Saturday, May 7th, for London, to remain in England. Before their departure a farewell reception was tendered them by the members of the Canadian Nurses' Association. They were the recipients of a pretty silver tea service suitably engraved.

Miss Emily Cooper, who has been the Association's Treasurer for years, was presented by the Committee with a handsome handbag. Miss Cooper is a graduate of the Montreal General Hospital, Class 1892, while her sister is a graduate of the Royal Victoria Hospital. They afterwards graduated from Dr. Weir Mitchell's Hospital in Philadelphia, where they took a course in massage and have practised it solely ever since. Their leaving Montreal will be a distinct loss to the medical profession as well as to the Association, and there were expressions of sincere regret on every side as their friends bade them farewell.

SPECIAL RELIEF COMMITTEE OF THE VICTORIAN ORDER OF NURSES—JANUARY REPORT, 1910.

On January 5th an Emergency Relief Committee was installed in the Nurses' Home on Mackay street, to take charge of the increasing number of sick poor who were being brought to the notice of the Victorian Order as a result of the typhoid epidemic in Montreal. Operations since that date have been as follows:

Books were opened for the receipt of money and clothes, and for the enrolment of cases requiring relief, as well as the enrolment of visitors. Partly in response to the appeal made in the churches, and partly from individual interest in the customary relief work of the Order, volunteers to the number of 81 entered their names for the work of visiting families. These included men and women—French and English—Catholics, Protestants and Hebrews; and thirteen more names were listed of volunteers who could not visit but were willing to furnish convalescent food and clothing, and several offered the use of their sleighs. Of these volunteers 69 have been visiting under the direction and in consultation with the Relief Staff, and it is a source of the greatest gratification to be able to note the earnest good-will, energy and generosity of this band of workers, who have given so much of their time, not a little money and quantities of material aid in the form of clothing, food, etc., to those cases which, upon investigation have been found worthy of relief. While no discrimination should be made, the staff cannot let this occasion pass without mentioning the work of the Rev. Mr. Lochhead, of Melville Presbyterian Church, who organized a band of 10-12 workers in the church, directed the visiting and supplied relief in some fifteen cases.

Money to the amount of over $700 has been received, the bulk of which came from Mrs. Sandeman's concert, given for the relief of the typhoid poor. A special tribute must be paid to Mrs. Sandeman. The marked success, financial and artistic, of her concert is due to her untiring energy and splendid executive ability, and the fund thus raised will be the means of bringing food and necessary comforts to many of those in distress and poverty.

The methods pursued have been on the lines of charity organization work, namely, to help the poor to help themselves, and by discrimination to avoid pauperising while affording the relief required.

One hundred and two (102) families or cases were attended between January 5th to January 31st, comprising 174 adults and 243 children, a total of 417 persons. Of these families 39 were Roman Catholics and 61 Protestants; 10 were

French Canadian, 14 Old Country (English, Irish and Scotch), and 7 foreign, including Germans, Poles, Danes and Belgians.

In harmony with the primary object of the Order—to afford nursing relief during illness—and in order not to overlap the work of those societies dealing with poverty alone, visiting has been done only where poverty was incident to, or resulting from, disease. Fifty-nine (59) cases were typhoids, 12 tuberculosis, 19 maternity, and the remainder included cancer, pneumonia, heart disease, accidents, etc. Five (5) of the typhoids were also maternity cases. In most cases the Victorian Order nurses were in attendance, with the exception of the numerous instances of families in distress at home because of the breadwinners being in hospital with typhoid.

Over 300 visits were made to the homes by the volunteers; each week the staff visited the hospital in order to record new cases of need.

The following societies and institutions were consulted and the staff availed themselves of their services on several occasions:—

The Salvation Army.
The St. Vincent de Paul Society.
The Irish Protestant Benevolent Society.
The St. Andrew's Society.
The St. George's Society.
A Masonic Lodge.
Brehmer Rest.
The Women's Club.
The St. Louis Charity Organization.
The Notre Dame de Grace Home for Incurables.
The Loyala Club.
The Hebrew Benevolent Society.
The Ladies' Benevolent Society.
The Protestant Infants' Home.
The Hervey Institute.
The Royal Edward Institute.
The American Emigration Society.
The Westmount Victorian Order Relief Committee.
The Charity Organization.

It may be added that the Charity Organization was referred to in 19 cases, many of which required several consultations, and valuable assistance and advice was received from Mr. Lane and his staff.

A post-graduate course in district nursing—four months—is given at one of the three training centres of the Order, at Ottawa, Montreal, or Toronto. For full information, apply to the Chief Superintendent, 578 Somerset Street, Ottawa, to the Montreal District Superintendent, 29 Bishop Street, Montreal, or to the Toronto District Superintendent, 206 Spadina Avenue, Toronto.

Many positions requiring nurses with superior qualifications and marked executive ability are filled from the ranks of the Victorian Order Nurses every year.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.

District Superior—Miss Stikeman, 216 Drummond Street.

District Secretary—Miss M. Young, 36 Sherbrooke Street.

District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.

Chaplain—Rev. F. G. Plummer.

Superior—Mrs. Broughall (pro tem).

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.

Chaplain—The very Rev. the Dean of Quebec.

Superior—Mrs. Williams, The Close.

No doubt many a nurse has entered upon her work with no higher thought than of "doing something for a living," as we commonly express it. But I think in almost every case it is not very long before she realizes how much "more blessed it is to give than to receive," that she has been called of God to "go about and do good." And you all know that there is something very fascinating in this: how one feels grateful to God for the great honor of being allowed by Him to be of use to a fellow-mortal in this vale of tears. You have felt, as your eyes dimmed, "who, and what am I, that the great Father should have honored me thus?" Hence it is that the Nurse goes about her work with quiet confidence, with a smile of good humour, and with a patience it is hard to disturb.

Your training is a necessity; so is your study, and your diligence too; but you must also seek for power from on high, and then you will be strong indeed.

From an address given to the Local Branch of the Guild of St. Barnabas, in St. Peter's Church, Wellington, New Zealand, by the Rev. W. Ballachey, Chaplain for the Public Institutions in that city.

My Scallop Shell of Quiet

Weary and Heavy Laden.

The aspect of the human condition which struck Christ was its burdened and toil-worn appearance.

The view of human life as a monotonous and yet hurried toil is familiar to us who live in a city. In the country men seem to have time to breathe, time to look about them, time to think—here it is almost solely toil. It is familiar also to us to think of our fellow men as burdened. We know individuals, and many of them find life very, very hard. Almost everyone has some burden to bear. When you get near enough to a man to win his confidence, or even to read his life, you see that he also bends under an oppressive weight. Either the labor and anxiety required by his occupation are exhausting, or his constitution is weak or worn out, or he has a sickly child whose future gives him anxiety, or a relative whose affairs are in chronic disorder, or he has suffered pecuniary losses of a crippling nature, or he has met with disappointments of a kind which touch the very springs of life. Some have by their own folly tied a burden round their neck which saddens and hampers them all their days. They work in chains like convicts, and every movement reminds them of their folly and their sin.

It was not the mere laboriousness of life that Christ pitied. Without activity there can be no happiness. We are so made that we are happy in proportion to the amount of energy we are expending. And no one can grudge toil which adds to the sum of human happiness and forwards the needed work of the world. But excessive toil for worldly ends, the spending of one's best energies in the vain hope of finding solid happiness in money, the outlay of a man's entire time and strength on the work of keeping himself in life and fitting himself for another day's toil—this must affect with pity every thoughtful mind. All toil that narrows the nature and stunts the affections and blinds the soul to things eternal is pitiful in the extreme. The toil of the covetous, the toil of the worldly, the toil of the selfish; the toil that aims at display, the toil that is prompted by thirst for money, the toil in which there is no thought of good to be done but only of gain to be got—all such toil is pitiful and ruinous; the toiler spends his life in making himself less and less a man, less and less open to any ennobling influence, less and less worthy of his own respect or of the affection of others.

It is this which excites the compassion of Jesus still—not only that life itself is difficult, but that we make it so much more so by our foolish thoughts of God—not only that the burden of sin is crushing, but that we make it altogether overwhelming by refusing to believe that in spite of our sin God loves us. It is in view of the restless cravings of the human soul, of its remorseful tossings to and fro, of the despairing attempts at amendment, and the more despairing failures, that Jesus is filled with pity, and says, "Come unto Me, all ye that labour and are heavy laden and I will give you rest."

Marcus Dods, D.D.

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Editorial

THE KING IS DEAD! LONG LIVE THE KING!

At the turn of the night on the sixth of May, 1910, with such startling suddenness that His late Majesty's bereaved subjects have not even yet realized the greatness of their loss, Albert Edward the Seventh, for nearly ten years by the grace of God, King of Great Britain and Ireland, Emperor of India and of Greater Britain beyond the seas, passed from the highest earthly station into eternity. Of his devotion to his kingly duties, of his influence with high and low, home and foreign, of his love to his people and his true kingship, all the world knows. We mourn our loss, but we gratefully remember all the benefits of his work and his character. Nurses have many reasons to hold him in loving and loyal remembrance. He was good to us. Remember his personal salute to the nurses one day crossing St. James' Park, remember his sending his own two nurses at the time of the Coronation, when he had but just recovered from a serious illness, in one of the royal carriages to Westminster Abbey to be present at the great ceremony; remember his recent words as to the indispensable usefulness of the profession, and think what these things meant to us. At the Monarch's deathbed one of the profession had the great honour of attending and rendering what aid could be given.

The blow is severe. The loss is great. But the King has gone at the zenith of his power and fame, at his best, and with all the world for mourners.

Long live the King!

THE ARMY SERVICE RESERVE.

We print elsewhere the official Regulations and Forms for Admission to the Army Nursing Service Reserve. Should we, unhappily, live to see war again in Canada, such as we saw in 1812, and even should our troops be ordered to quell a rising in some distant Province as occurred in 1870 and in 1885, then some or all of our Army Nursing "Sisters" would go to the front and their places would be filled by nurses who are members of the Reserve.

Nurses of the Army Nursing Reserve may also under certain circumstances be allowed to volunteer if nurses are required at the front, to go on active duty. We feel sure that the meeting which His Excellency has graciously consented to preside over will be well attended and successful in every way. The Canadian Nurse is loyal.

THE PHYSICIAN AND THE NURSE.

Under the above title, the Editor of the *Canadian Practitioner* publishes the following article, which our readers will peruse with interest and satisfaction:

"Among our exchanges there is none more interesting than the CANADIAN NURSE, which is published in Toronto under the editorship of Dr. Helen MacMurchy. We read with a certain amount of regret a letter in the January issue written by a nurse. Although we may not admire the style or tone of the writer or of Miss B. Mordant-Wilson, from one of whose articles the writer has given a long quotation, we must acknowledge that certain statements are worth considering. The following is one of the statements: 'Nurses are often on duty 24 hours a day and seven days a week.'

"It is remarkable that some fairly decent people think that nurses should be on duty 24 hours a day. We fancy the writer in the CANADIAN NURSE knows how to take care of herself, but we have seen many a good, conscientious nurse practically *done to death* by unreasonable people. Does the average medical practitioner do his duty to his faithful nurse? Does he properly appreciate the value of her assistance to him? Does he take the trouble to ascertain the amount of work she does and the time she spends in looking after the patient?

"We hold a fixed opinion that it is the duty of the physician to know so far as possible what his nurse is doing. It is surprising what a nurse will frequently endure while caring for her patient. The physicians should see to it that the strain in such cases will not be unreasonably prolonged. The nurse should have some time for rest and sleep, and she should go out into the open air at least once a day. We do not propose to lay down a set of rules for the doctor. When, however, he has as his assistant a good nurse (one of the noblest specimens of God's creation), he should show her some kindly consideration."

We highly appreciate both the words and spirit of this article from our distinguished contemporary, especially the candid and straightforward criticism. Nothing is more helpful.

THE SCHOOL NURSE IN TORONTO.

An important event, not only in nursing circles, but in regard to the interests of the city of Toronto as a whole, has just taken place. The Board of Education have appointed Miss Lina L. Rogers, a graduate of the Hospital for Sick Children in Toronto, and more recently in charge of the School Nurses, first of New York and then of Pueblo, as Supervising School Nurse for Toronto. Two assistants have also been appointed, Miss Jamieson and Miss Robertson. There are thus, at the present writing, three School Nurses in Toronto. The appointment of Miss Rogers is an ideal one. Her qualifications and experience are unsurpassed and the Board is to be congratulated upon such a good appointment. The profession are glad indeed to have Miss Rogers back in Toronto, and the whole Department has our best wishes for its success.

ENGLAND.

GUESTS AT A HOSPITAL.

The Superintendent of Nurses, like every other head of a great household, has some duties to her friends and to her profession, one of which is hospitality. This is one of the great privileges of social and professional life, but it is a duty too. The subscribers of Southwold Cottage Hospital have added to the By-laws this one: "That one of the nurses' rooms be called a guest chamber, and, provided it is empty, the Matron may use it for a friend, and no other room be used for that purpose."

A GREAT LOSS.

The death of Stanley B. Atkinson, M.A., M.B., B.Sc., J.P., Barrister-at-Law, a great helper of the maternity nurses in England, is a very great loss. He died after a few days' illness at the early age of 36, having accomplished what many men of fourscore years have not accomplished. He was J.P., M.A., LL.M. (Cantab), M.B., B.Sc. (Lond.), M.R.C.S., L.R.C.P., Barrister-at-Law, Vice-Chairman Mile End Board of Guardians, Member of the Stepney Borough Council, a Manager of L C. C. Schools, including the Special Schools for the Physically and Mentally Defective, a Manager of the Metropolitan Asylums Board, member of the Central Midwives Board, late Hon. Secretary Medico-Legal Society, author of Golden Rules of Medical Evidence, The Office of Midwife, The Law in General Practice, etc., etc. His colleague, Miss Rosalind Paget, says: "He was an adequate, even an ideal, representative of the midwives on the Central Midwives Board. He possessed a most intimate knowledge of the midwife question and the needs of the midwife. The midwives' representative needs considerable courage in voicing unpopular opinions, and this courage Dr. Atkinson possessed to a remarkable degree. I always felt when working with him that he was imbued in the widest sense with the sentiment of Christian brotherhood."

SCOTLAND.

It is a noble thing to see nurses help in the great battle against intemperance, which has been called only too truly the national sin of Scotland. The nurses of the "Royal" have formed a Nurses' Branch of the British Women's Temperance Association, which met in the Recreation Room of the nurses on February 11th. There was a good attendance of Superintendents, sisters, nurses and others. Miss Gill, the Lady Superintendent, is Honorary President. The Rev. Harry Miller presented badges of honour (little brooches) to members who had got twelve other members to join the association. Five of the sisters were duly presented to Mr. Miller, who pinned on the badges. He came across numbers of people who had been patients in the infirmary, who could not say enough about the uniform kindness, sympathy and help they had received during their stay in the wards. Nurses would do a great amount of good if they could convince their women patients that mothers, by their bright, clean home life, can do more for the temperance problem than any outside means can accomplish. Home life is needed.

INDIA.

LAHORE HOSPITAL.

Miss Tippetts, President of the Association of Nursing Superintendents of India, has resigned her appointment as Superintendent of the Government Civil Hospital at Lahore, and will establish a Nursing Home at Simla. Miss Tippetts has done a great deal for Lahore Hospital, and her departure is much regretted. Her successor is Miss A. F. Thomas, formerly of Guy's Hospital.

OFFICIAL DEPARTMENT.

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Brent, Superintendent Hospital for Sick Children, Toronto; Secretary, Miss Scott, Superintendent Grace Hospital, Toronto.

The Canadian National Association of Trained Nurses. — President, Miss Snively, Toronto General Hospital; Sec. Treas., Miss F. M. Shaw, General Hospital, Montreal.

The Association of Hospital Superintendents of Canada.—President, Mr. H. E. Webster, Secretary Royal Victoria Hospital, Montreal; Secretary, Dr. J. N. E. Brown, Medical Supt. General Hospital, Toronto.

The Canadian Nurses' Association.—President, Miss Baikie, 25 Lorne Ave., Montreal; Cor. Secretary, Miss Colley, 25 Hutchison St.; Rec. Sec., Miss Phillips, 45 Argyle Ave.

The Manitoba Association of Graduate Nurses.—President, Mrs. Bruce Hill, Corner Ellice and Carlton Streets, Winnipeg; Secretary, Miss Isabel Gauld, 375 Langside St., Winnipeg.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President, Mrs. Currie, 175 College St.; Cor. Secretary, Miss Edith Hargrave, 146 Winchester St.; Rec. Sec., Miss Julia Stewart, 12 Selby St., Toronto.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association.—President, Mrs. V. A. Lott; Sec., Miss Margaret Grant.

The Collingwood G. and M. Hospital Alumnae Asociation.—President, Miss Knox; Secretary, Miss J. E. Carr, Collingwood.

The Calgary Graduate Nurses' Association.—President, Miss Dewar, 824 4th Ave. West; Secretary, Miss Rutherford, 506 4th St. West.

The Edmonton Graduate Nurses' Association.—President, Mrs. R. Kneill; Secretary, Mrs. Mason, 630 Sixth St. Edmonton.

The Ottawa Graduate Nurses' Association.—President, Mrs. H. C. Church, 81 First Avenue, Ottawa; Secretary, Miss Nellie E. Slack, 189 Metcalfe St., Ottawa.

The Fergus Royal Alexandra Hospital Alumnae Association.—President, Miss Pauline Martignoni, Supt. of Nurses, Toronto Orthopaedic Hospital; Sec-Treas., Miss Trout, Supt. of Nurses Royal Alexandra Hospital, Fergus.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Mrs. A. Anderson; Cor. Secy., Miss J. E. Anderson.

The Hamilton City Hospital Alumnae Association.—President, Miss Coleman; Cor. Secy., Miss Aitken.

The London Victoria Hospital Alumnae Association.—President, Miss Hannah; Secretary, Miss Gertrude Armstrong, care Mrs. Judge, Dorchester.

The Kingston General Hospital Alumnae Association.—President, Miss Frances Wilson, Union St., Kingston; Secy, Mrs. W. J. Crothers, Jr., 86 Barrie St.

The Montreal General Hospital Alumnae Association.—President, Miss K. H. Brock, 59 Park Ave., Montreal; Cor. Secy., Miss S. Ethel Brown, 26 Melbourne Ave., Westmount.

The Montreal Royal Victoria Hospital Alumnae Association. — President, Miss Grant; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Secy.-Treas., Miss M. K. Gallaher.

The St. Catharines G. and M. Hospital Alumnae Association—President, Miss L. Tuck; Secretary, Miss E. M. Elliott.

The Toronto Central Registry of Graduate Nurses,—Registrar, Mrs. Downey, 554 College St.

The Toronto General Hospital Alumnae Association.—President, Mrs. A. E. Findlay, 649 Church St.; Cor. Secy., Mrs. N. Aubin.

The Toronto Grace Hospital Alumnae Association.—President, Miss De Vellin, 505 Sherbourne St.; Secretary, Miss Allen, 9 Pembroke St.

The Toronto Graduate Nurses' Club.—President, Mrs. Pellatt, 7 Wells St; Secy., Miss E. Ross Greene, 418 Sumach St.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Barnard, 608 Church St.; Cor. Secy., Miss Isaacs, Baldwin St.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss Mathieson, Supt. Riverrale Isolation Hospital; Secretary, Miss Muriel Gale, Riverdale Isolation Hospital.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Power, 9 Pembroke St.; Secretary, Miss O'Mara, 9 Pembroke St.

The Toronto Western Hospital Alumnae Association.—President, Mrs. McConnell, 125 Major St.; Cor. Secy., Miss Butchart, 563 Bloor St. W.

The Winnipeg General Hospital Alumnae Association. — President, Miss Johns, Winnipeg General Hospital; Secy.-Treas., Miss Hood, 367 Langside St.

The Vancouver Graduate Nurses' Association.—President, Mrs. W. F. Salsbury, 1340 Burnaby St.; Secretary, Miss Ruth Judge, General Hospital, Vancouver.

The Vancouver General Hospital Alumnae Association. — President, Miss M. Beharrel, Asst. Supt. V.G.H., Vancouver; Secretary, Miss M. Wilson, 1657 Burnaby St., Vancouver, B.C.

The Victoria Trained Nurses' Club—President, Miss M. McNaughton-Jones Secretaries, Miss H. G. Turner and Miss Ethel Morrison, 1442 Elford St., Victoria.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908).

President, Mrs. C. J. Currie, 175 College street, Toronto; First Vice-President, Miss E. J. Deyman, 87 Victoria street south, Hamilton; Recording Secretary, Miss J. Stewart, 12 Selby street, Toronto; Corresponding Secretary, Miss E. Ross Greene, 418 Sumach street, Toronto; Treasurer, Miss Mary Gray, 505 Sherbourne street, Toronto. Board of Directors—Miss L. C. Brent, Hospital for Sick Children, Toronto; Miss Florence Potts, Hospital for Sick Children, Toronto; Miss K. Mathieson, Isolation Hospital, Toronto; Miss Donnelly, 608 Church street, Toronto; Miss E. Muldrew, 10 Roxborough street west, Toronto; Miss E. Rogers, Palmerston Boulevard, Toronto; Miss M. Barnard, 608 Clinton street, Toronto; Miss M. Kennedy, 1 Lakeview avenue, Toronto; Miss J. Neilson, 295 Carlton street, Toronto; Miss McNeill, 505 Sherbourne street, Toronto; Miss E. Jamieson, 105 Macpherson avenue, Toronto; Miss J. Wardell, 171 Delaware avenue, Toronto; Miss Irvine, 9 Pembroke street, Toronto. Standing Committees—Legislation, Convener, Miss J. Wardell; Revision of Constitution and By-laws, Convener, Miss M. Kennedy; Publication, Convener, Miss J. Stewart. Representatives to "Canadian Nurse" Editorial Board, Miss A. J. Scott, Miss Jewison; Representatives to Local Council, Misses Neilson, Wardell, Irvine and Smith.

The annual meeting of the association will be held on Tuesday, May 24th, 1910, at the Residence, Hospital for Sick Children, College Street, Toronto.

2 P.M.

1. Prayer.
2. Opening address.
3. President's address.
4. Routine business, reports of Secretary and Treasurer, reports of Committees.
5. Voting on proposed changes in Constitution and By-laws.
6. Miscellaneous business.
7. Announcement of elections.
8. Report of work of Heather Club.
9. Demonstrations by Miss Potts, Assistant Supt. Hospital for Sick Children, hot pack for nephritis, continuous saline with patient in Fowler's position.

8 P.M.

1. Paper by Miss Janet Neilson on "The Work of the Visiting Nurse Among the Tuberculous Poor of the City."
2. Registration for Nurses, by Mrs. Mill Pellatt.
3. Discussion.

A reception will be held on Monday evening at the residence of the President, Mrs. C. J. Currie, 175 College Street, for the members of the Graduate Nurses' Association of Ontario, the Canadian Society of Superintendents of Training School, and the Canadian Hospital Superintendents' Society.

THE ALUMNAE ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers for 1908-09: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the board room of the hospital.

ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.

President—Mrs. Findlay.

First Vice-President—Miss Ellis.

Second Vice-President—Miss Tweedie.

Recording Secretary—Miss Neilson.

Corresponding Secretary—Mrs. Aubin.

Treasurer—Marion E. Hall, 18 Earl St.

Board of Directors—A. J. Scott, Grace Hospital; M. Tweedie, 53 Langley Ave.; Edith Hargraves, 146 Winchester St.

Conveners of Commitees:

Sick Visiting—Miss Kilgour.

Registration—M. E. Christie, 19 Classic Ave.

Programme—Mrs. Pellatt.

Social and Lookout—Miss Brereton.

Press and Publication—Mrs. Feeney.

Central Registry—Miss Kate Snodgrass, 644 Spadina Ave.; H. Fralick, 728 Spadina Ave.

Canadian Nurse Representative—Miss Lennox, 107 Bedford Road.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President—Miss Brent.

President—Miss M. L. Barnard, 608 Church St.

First Vice-President—Miss M. Ewing, 569 Bathurst St.

Second Vice-President—Miss A. Robertson, 182 Walmer Road.

Recording Secretary—Miss Monk, 668 Ontario St.

Corresponding Secretary—Miss B. Goodall, 660 Euclid Ave.

Treasurer—Miss M. Wilson, 47 Brunswick Ave.

Directors—Miss E. Jamieson, 107 Roxborough St. West; Miss M. Haley; Mrs. Thomas, 64 Binscarth Road.

Convener of General Business Committee—Miss J. Hamilton, 262 Jarvis Street.

Press Representative—Mrs. Clutterbuck, Grace St.

Canadian Nurse—Miss L. McCuaig, 605 Ontario St.

Invalid Cookery—Miss M. Gray, 505 Sherbourne St.

Central Registry—Miss L. Barnard, 608 Church St.; Miss Fellows, 56 Madison Ave.

Sick Visiting Committee—Miss J. Hamilton; Miss M. Ewing; Miss M. Isaac, 45 Alexander St.

Meetings are held in the Nurses' Residence on the second Thursday in each month.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

President—Miss DeVellin.

First Vice-President—Miss McKeown.

Second Vice-President—Miss McMillan.

Secretary—Miss Allen.

Treasurer—Miss Wixon (by acclamation).

Board of Directors—Miss Carnochan, Miss Monery, Miss Soane, Miss Etta MacPherson and Miss Thompson.

Social Committee—Miss Shatford, Mrs. Corrigan and Miss Webster.

Sick Committee—Misses Irvine and Gibson.

Convener of Programme Committee—Miss McMillan.

Convener of Press and Publicity Committee—Miss Bell.

HOSPITALS AND NURSES

Melfort, Sask., and Kaslo, B.C., are building Nurses' Home.

The handsome new wing of the North Bay Hospital is just completed.

Miss McCuaig has been appointed head nurse at the Pavilion, Toronto General Hospital.

Miss Purdy has been appointed Head Nurse of the Private Wards, Toronto General Hospital.

Miss Isabel Blyth has accepted the position of Head Nurse of the Isolation Cottages, V. G. H.

Miss Barbara Haggart is superintendent of the High River Hospital. Misses Wallace and Dickey are her assistants.

Miss Alice Glanville has been sent to take charge of Queen's Hospital, Rock Bay, B.C. Miss K. Houlihan is assistant.

Miss Regan, of Port Arthur, spent part of March and April in the East, and renewed many old acquaintances in Toronto.

The Board of Trustees of the Queen Victoria Hospital at Yorkton, Sask., have begun the much need extensions to the hospital.

Miss Mabel McTaggert, V.G.H., has accepted the position of Head Nurse in the operating room of the Royal Inland Hospital, Kamloops.

Miss E. L. Craig, V. G. H., has returned from Seattle and accepted a position as Head Nurse in the West End Hospital, Vancouver.

Birth—On January 3rd, to Mr. and Mrs. A. E. Chambers, a daughter. Mrs. Chambers was Miss Nellie Campbell, Class 1903, Toronto General Hospital.

Miss McKay (R. V. H.), who has been nursing in Vancouver, has gone to Nelson, B.C., as assistant superintendent of the hospital there. Yours faithfully,

Miss Gay, Lady Minto Hospital, Minnedosa, Man., is just recovering from an attack of typhoid, and Miss Reid, New Liskeard, from an attack of diphtheria.

Miss M. Marshall, a graduate of the General Hospital, at Paterson, New Jersey, has been appointed Head Nurse at the General Hospital, Niagara Falls, Canada.

Miss Stanley, Lady Superintendent of the new Hospital at Kincardine, spent a short visit lately at London. Miss Collins, of Kincardine, being in charge during her absence.

The Nurses' Extravaganza, presented at Massey Hall was an unique and interesting entertainment. The closing tableau was very much admired, and indeed the whole presentation was remarkably good.

The Rev. Herbert Shipman, chaplain of St. Barnabas' Guild, New York Chapter, held a memorial service for the late Mrs. Hampton Robb, at the Church of the Heavenly Rest, New York, on Sunday, May 8, at 4 p.m.

The annual graduating exercises of the Winnipeg General Hospital took place on Monday, May 9, at 8 p.m., and were most pleasant and helpful in every way. The following is the list of nurses graduating and the honors they obtained.

The Galt Branch of the Victorian Order of Nurses held its first annual meeting April 27th. Excellent reports were presented to the good audience. The greatest enthusiasm prevailed. The future of this branch seems very bright. Miss Marshall is the nurse-in-charge.

Mrs. Alexander Mitchell announces the marriage of her daughter Kate to Dr. David H. Boddington, Tuesday, May 3, 1910, Toronto. Mrs. Boddington, who has been Head Nurse at the Pavilion for some years, received on the occasion of her marriage from the Visiting Staff at the Pavilion a beautiful silver service.

The closing meeting for the season of the Alumnae Association of the Royal Victoria Hospital was held on Wednesday evening, April 13. After the business meeting a most interesting address was given by Dr. Cook, a medical missionary in Lucknow, India. His account of his work among the natives was listened to with a great deal of pleasure. He is most hopeful and enthusiastic about the good that is being done in spite of the many drawbacks due to the ignorance and superstitions of the people.

On April 8 the F. N. A. met at the Sick Children's Hospital Residence, and those who were so fortunate as to be present enjoyed a most interesting and instructive lecture from Dr. E. Stanley Ryerson, on "Modern Surgical Technique," which was much appreciated, several of the nurses present having had a professional acquaintance with the eminent surgeons whom Dr. Ryerson quoted and referred to. The next meeting will be held at the Lakeside Hospital grounds at the Island, which will be a social gathering.

In March several cases of smallpox occurred in Port Arthur, Ont., including a patient and a nurse from the new R. M. and G. Hospital, also the Medical Health Officer, his daughter, and two members of another family. There is a commodious Isolation Hospital about a mile out of the city, where these cases were looked after. Dr. Chipman's services were engaged, and Miss Mullan, graduate of St. Joseph's Hospital class of 1909, very bravely responded to the

call for a nurse to take charge. The cases were a severe type of smallpox, but all have recovered.

The Alumnae Association of the Vancouver General Hospital already has thirty-two members on its roll. The officers for 1910 are: Hon. President, Miss Macfarlane, Lady Superintendent, V. G. H.; President, Miss M. Beharrell, Assistant Superintendent, V. G. H.; First Vice-President, Miss J. B. Rose, 1139 Georgia street; Second Vice-President, Miss K. McLeod, 1108 Burrard street; Secretary, Miss M. Wilson, 1657 Burnaby street; Treasurer, Miss Roycroft, 1036 Haro street; Convener Programme Committee, Miss J. Hart, V. G. H.; Convener Magazine Reviews Committee, Miss Judge; Convener Lookout Committee, Miss Rose.

Victoria Hospital Training School for Nurses of London held the Graduating Exercises of the Class of 1910 in the Auditorium on Wednesday afternoon, May 11, at three o'clock. The following are the Graduating Class:—Barbara Gilchrist, Margaret May Lyons, Viola Pearl Sweet, Lyda Norton, Annie E. Ramsay, Ada May Parrish, Edna McKay, Jennie Cline, Marion Edna Nash, Alma O. Johnston, Mary Gilchrist, May Roche, Mary E. Mitchell, Blanche S. Grieves, Marion Faskin McDonald, Esther Brown, Christina Angus, M. Victoria C. Johnston, Lollie May Campbell, Myrtle B. McArthur, Allie E. Kent, Annie S. Miller.

Under the heading of "Philanthropy in London," Isabel C. Armstrong in *The Canadian Courier*, writes an interesting description of the opening of the new Sanitarium for Tuberculosis in London by His Excellency Earl Grey. The Sanitarium is situated on a fine site of 115 acres overlooking Byron village, commanding a splendid view and having air and sunshine in abundance. The Hon. Mr. Beck and Mrs. Beck, Mrs. Crerar, of Hamilton, and others have been among the chief movers in the matter. The Governor-General was accompanied by Lady Grey, Lady Sybil Grey, Hon. W. J. Hanna and others. The opening was highly successful and very pleasant.

The graduating exercises of the class of 1910 of the Royal Victoria Hospital Training School, Montreal, took place on April 6 at 4.30 p.m. The class is one of the largest which has ever left the school. The large reception room was prettily decorated with flowers and palms. Sir Edward Clouston, President of the Board of Governors, was in the chair; Dr. Chipman delivered the address to the graduates, and Mrs. Chipman presented the diplomas and badges. A very pleasing and popular feature of the occasion was the presentation by Mr. Angus, on behalf of the Governors, of an R. V. H. graduate's badge to Miss Fetter, thus making her an honorary graduate of the school. Miss Fetter, although not an R. V. H. graduate has had charge of the operating department for several years, and the badge was presented to her as a mark of appreciation of her work in the hospital. It is the first time such an honor has been conferred by the hospital. After the exercises an adjournment was made to the dining-room where, from tables decorated with daffodils, refreshments were served to the many friends of the nurses who were present.

His Excellency the Governor-General opened the new Nurses' Home at the Toronto Hospital for Incurables. His Excellency said in part: He did not suppose that in the ranks of society, or anywhere, were there any more deserving

of care and consideration than those who devoted their lives to ministering unto the suffering. And of all nurses, there were none more deserving of such sympathy than those who cared for the incurables. Where there was hope of a patient being brought back to health there was some excitement, but waiting upon unfortunate incurables must be an unremitting daily tax upon the nurses. It was, therefore, essential that they should be provided with a home where they might get away from their daily work and surroundings. In conclusion, speaking both for the Countess Grey and himself, he wished the institution God-speed from the bottom of their hearts.

On Friday, March 11, a meeting was called for the purpose of organizing an association of the outside nurses—that is the nurses trained in schools outside Toronto—American, Canadian, British, etc. By the courtesy of Miss Brent the meeting was held at the Sick Children's Hospital Residence. The object of forming an association being to encourage a sociable spirit, for mutual improvement and instruction and maintenance of the honor and standing of the profession. As representative of the nurses American trained on the Central Registry, Miss M. J. Kennedy opened the meeting, calling on the Misses Brent, Eastwood and Barwick to address the nurses, and as a result the association was formed. Miss Eastwood's suggestion of the name, "The Florence Nightingale Association of Toronto," was enthusiastically received and adopted. The Committee appointed were Miss M. J. Kennedy, President; Miss McKenzie, Vice-President; Miss Wardell, Secretary-Treasurer, and six Directors, Misses Clarke, Urquhart, Bell, Pringle, Waddell and Kinder. The Misses Brent, Eastwood and Barwick and Mrs. Downey were made honorary members. The representatives to the Central Registry are Miss Urquhart, for the Canadian schools outside Toronto; Miss Waddell, the English, and Miss Kennedy, the American Schools. The Sick Visiting Committee are the Misses McKenzie and Wardell. The Florence Nightingale Association will meet four times a year, namely, April, June, October and January.

The Graduating Exercises of the Training School for Nurses of the Guelph General Hospital was held on Tuesday evening, April 28, 1910. The sun room of the hospital was prettily decorated for the occasion with Chinese lanterns, palms and carnations, the color scheme being red and white, the colors of the school. Mr. A. W. Alexander, President of the Hospital Board, presided, and the exercises were opened with a prayer by Rev. H. W. Crews. Addresses were given by Dr. A. Mackinnon, Rev. G. F. Davidson and Rev. W. G. Wilson. A short programme of music was very much enjoyed by the guests. Miss Springer rendered a double solo, and Mr. C. R. Crowe gave several cello selections, Mrs. Crowe acting as accompanist. The diplomas were presented to the graduating nurses by Dr. Lowery and Mrs. Geo. Jeffery, and Mrs. A. W. Alexander presented the pins. The Misses Bessie Millar, Guelph; Annie Doyle, Drayton; Helen Taylor, Milton; Mabel Crabb, Fergus; Jessie Guinn, Walkerton; Edna Hussey, Drayton; Edna Mitchell, Winterbourne; Alice Hedge, Dixie; Betty Hanna, Toronto, were the recipients. Miss Edna Hussey, who took the highest marks, was presented by Dr. Lindsay with the Alumnae Association prize, in the form of a nurse's chatelaine. The proceedings were brought to a close by the Superintendent of the Hospital, Miss Smith, administering the

Florence Nightingale Pledge to the graduating Nurses. Tea was served in the reception room by Miss Smith, assisted by the graduating nurses.

The Alumnae Association of the City Hospital, Hamilton, gave a royal welcome to the Associate Editor of THE CANADIAN NURSE on the occasion of her visit to their regular meeting on the evening of May 3 at the Nurses' Residence of the Hospital. All the members are very much interested in the journal and were glad to hear an account of the work and its continued success. They endorsed in a very practical way the step taken by the Editorial Board in starting THE CANADIAN NURSE Fund by setting aside one dollar from the funds of their Association as the beginning of their contribution. This sum is to be augmented by donations from the nurses and their friends. Then, too, in the appointment of an Associate Editor, they agreed that the Board had acted wisely. While the work of the Editor and her unselfish devotion to the nurses were commended in the highest terms, it was felt to be better, from a professional standpoint that this position be filled in the near future by a nurse who could devote her whole time to the work. The meeting and the hearty interest were a delight and a very great encouragement and will prove an impetus to the Editorial Board. A good list of subscribers as well as a most pleasant and happy memory were among the things brought back from this very interesting meeting. A visit to the City Hospital and the Mountain Sanitorium was also much enjoyed. Both these institutions are splendid, each in its way. It seems almost impossible for anything but health to be the portion of those who live in the pure air and cheery surroundings of the Mountain Sanitorium.

We are indebted to the *Nurses' Alumnae Journal* of the Winnipeg General Hospital for the following notes: Miss Ada McKay, class of 1908, has resigned her position as Lady Superintendent of the hospital in Vegreville. Miss E. Palmer, class of 1909, has returned from a visit to her home in Macgregor, Man. Miss Ethel Gilroy, class of 1898, left February 28 for a two months' visit with her sister, Mrs. Brandon, at Peoria, Ill. Miss Z. M. Pentland, class of 1906, had a very successful operation for appendicitis during February. Mrs. F. J. Irving (Miss Ella Teeple, 1900), and her daughter Ruth, of Yorkton, were in the city during February. Miss Frances Walker, class of 1908, entertained her classmates and friends at a linen shower in honor of Miss Morison. An enjoyable time was spent by all present. Miss Nettie Thompson, class of 1908, has recently accepted a position in the Fernie Hospital, B.C. Miss Hilda Corelli, class of 1909, resigned her position in the Winnipeg Children's Hospital in January, and accompanied a patient to the coast. Miss Barbara Mitchell, class of 1909, is in the city convalescing after an attack of typhoid fever. Miss Grayce Caldwell, class of 1909, will return to the city in April from Soldier, Idaho, where she has spent the winter. Miss Lily Kidd, class of 1907, has accepted a position in the Highgrove Hospital, Riverside Co., California. Miss J. M. Gent, class of 1909, has resigned her position as charge nurse of the Maternity, General Hospital, and will take up private nursing in the city. Miss Emily Weber Hermann, class of 1906, has been appointed staff nurse, St. Mary's Hospital, Rochester, Minn. Miss Halldora Peterson, class of 1907, is doing private nursing in Portland, Ore. Miss Mary Gardner, class of 1909, is engaged in district work on the staff of the Margaret Scott Nursing Mission. Miss Maria Hermann, class of 1909, has re-

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cently accepted a position in the Fernie Hospital, B.C. Miss Effie Ingram, class of 1909, is nursing her father at her home, St. John, New Brunswick. Miss Ethel Cochrane's wedding was celebrated under quite romantic circumstances. A week before the date fixed for the marriage, she had an acute attack of appendicitis, and underwent an operation in the hospital at Vancouver. When the eventful day arrived, the bride-elect had so far recovered that she was able to sit up during the ceremony, which took place in the hospital ward. Everyone in the hospital entered with zest into the preparations for the event, and the ward was beautified for the occasion with fresh curtains and rugs. The doctors donated a magnificent bell of white chrysanthemums and holly berries, which was suspended over the bed. The piano was wheeled to the door, and one of the house surgeons played the wedding march. A dainty lunch was afterwards served, and even the time-honored wedding cake was not absent. The sympathy of the Alumnae Association is extended to Miss Lowe, who, we learn, has just received a cablegram with the sad news of the death of her father in England.

The graduating exercises of St. Joseph's Training School for Nurses took place in St. Joseph's Hall, Cross street, Chatham, Ont., when the large number of the friends of the graduates and St. Joseph's Hospital, who attended the interesting function, proved beyond a doubt the great interest felt in the institution and in the young ladies who received their diplomas. The hall was decorated in yellow and white, with palms and flowers on the prettily arranged stage, where, throughout the evening's proceedings, the graduates were seated. A programme of vocal and instrumental music, interspersed with clever speeches, proved a charming preparation for the more formal proceedings. The address to the graduates was given by Dr. C. R. Charteris, who congratulated the class on the excellent standing they took at the examinations, all receiving honors, and who also gave a very interesting sketch of the growth of St. Joseph's Hospital, from a small institution in 1889 to the splendid edifice it is to-day. He told of the training school for nurses, which opened in 1898 with four nurses, while to-day there are fifteen nurses, as well as a staff of eight sisters, and congratulated the Mother Superior and staff on the very excellent work accomplished in the hospital. In addressing the graduates in particular, he gave them some splendid advice, which, if followed, will aid materially in bringing them to the front rank in their chosen profession. Rev. Father Tobin, of London, who, just at the last moment was asked to take the place of the administrator of the Diocese of London, Rev. Monsigneur Meunier, of Windsor, who was unable to be present, gave a brief and clever address in which he spoke of the great good accomplished by nurses, of their trials and troubles, which can be overcome in so far only as one has a special vocation for the profession. He heartily congratulated the present class and spoke in glowing terms of the good work done by the Sisters of St. Joseph. Then came the prettiest and most interesting part of the ceremony, the presentation of the medals and diplomas and the "crowning with flowers." Rev. Father Jones and Rev. Father Tobin presented the medals and diplomas, and ten pretty little flower girls in dainty white gowns and simply laden with flowers, danced onto the stage and after a pretty song presented the flowers to the graduates. There were so many flowers the girls were obliged to

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come out a second time, and by this time it was hard to see the blushing faces of the graduate so literally covered were they with flowers. The proceedings concluded by the chorus "O Canada," sung by the nurses, which was splendidly given, while Lorriman's orchestra, in a second number, won unstinted applause, and then everybody joined in singing "God Save the King," and the nurses and their friends repaired to the dining hall, where delicious refreshments were prepared by the Ladies' Altar Society of St. Joseph's Church. The graduates are: Miss Jean M. Lundy, Chatham; Miss Teresa C. Blonde, Chatham; Miss Rose C. Fach, Galt; Miss Pearl M. Dickinson, Chatham; Miss Helen M. Gilmore, Goderich, and Miss Jean C. Gilmore, Goderich. Miss Jean M. Lundy was unable to be present owing to the fact that she was in the country nursing a case of scarlet fever.

The Children's Free Hospital of Milwaukee was organized February 22, 1894. In May of the same year a seven-roomed house was opened and two little children received. From this small beginning the work has grown until there is now accommodation for sixty in the present commodious home, 219 Tenth street, which was the gift of Mr. and Mrs. H. H. Camp. There are nineteen directors, an active staff of nineteen physicians and a consulting staff of four, all serving gratutiously, a resident superintendent and an interne. There are also graduate nurses in the surgical and infants' wards, and as many nurses in training as are necessary for the proper care of the sick. The first year 31 cases were cared for in the hospital. From February, 1908-February, 1909, there were 463 cases, of which 211 were surgical, the average daily cases being 40. By request of the staff arrangements have been made whereby the operating room may be used for minor operations with compensation and also for plaster work. Two years ago a tuberculosis ward was built, accommodating six beds, which have been continuously occupied. Through the kindness of two friends another wing is being built. Any reputable physician, not on the staff, may bring a patient into the hospital, but that patient must pay for services received. A pay patient will also be received, provided the bed is not needed for a free case. An incurable patient or one afflicted with a contagious disease is not accepted. The co-operation of the Auxilaries with the Directors in the maintenance of the Children's Free Hospital, has developed into a happy division of responsibility and labor. The first to organize was the Surgical Ward Auxiliary in 1897. Its work is the aiding in the maintenance and furnishing of the operating room, the purchasing of drugs and necessary appliances for the crippled children, and during the last two years the supporting of a bed. This year they will pay for the surgical nurse. The money is raised by interesting friends in the work and by the Annual Lenten Musicals. The largest auxiliary is the Infants' Ward Association which is entering its tenth year. An annual entertainment is arranged for each fall, the proceeds supporting five beds and a kindergarten teacher. The kindergarten, with its two hours' session each morning, is a great mental help. They also solicit jelly, fruit and clothing. The Ideal Club celebrated its tenth anniversary last October. Twelve energetic women furnished three beds and are replenishing the linen as necessary. This room is occupied by the very sick and is the place to which a child is taken directly after an operation. The youngest auxiliary is the Linen Guild, organized about five years ago. These young women sew any donations of linen,

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coming to the hospital, besides providing such amounts as their treasury will permit. The care which the hospital can give to the weak and ill depends wholly what generous friends give towards its support. The above was written in March, 1909, by Mrs. Maclaren, one of the directors of the hospital. In the year just passed there has been more than a proportionate increase in the work and the resident staff has added to its numbers an assistant superintendent. The second turbercular ward has been completed, and in both the patients sleep day and night, winter and summer, in the fresh air. The directors are already looking forward to the time when they will be able to build a modern hospital building.

At a special meeting of the League for Nursing Education, New York City, held April 22, 1910, the following resolutions were unanimously adopted: Whereas, We have learned with profound sorrow of the death of our colleague, Isabel Hampton Robb, Be it resolved, That in the death of Mrs. Robb, we, as superintendents, lose one of our most able and inspiring co-workers, and the nursing profession suffers an irreparable loss in being deprived of one of its most brilliant members. Mrs. Robb's unceasing efforts for the advancement of nursing education, combined with mental endowments of a high order, made her a leader in the profession, and a splendid example of noble womanhood. Resolved, That we tender to her family our heartfelt sympathy in their great bereavement. Resolved, That a copy of these resolutions be forwarded to the family of our late associate, and that they be sent for publication to the *American Journal of Nursing*, and to other medical and nursing journals.

Committee—Anna C. Maxwell, R.N.
Mary A. Samuel, R.N.
Mabel Wilson, R.N.

The following are the prize and scholarship winners at Winnipeg General Hospital for this year:

Highest General Proficiency—Miss Jean Urquhart, prize presented by the Ogilvie Milling Company.

Bandaging—Miss Edith Paul, prize presented by Mr. E. L. Drewry.

Charting—Miss Mary White, prize presented by Miss E. M. Bain.

Obstetrics—Miss Rebecca Agar, prize presented by Dr. D. H. McCalman.

Practical Work—Miss Theodora Hermann, prize presented by Mrs. P. H. Gregory.

Surgery—Miss Jean Urquhart, prize presented by Dr. J. O. Todd.

Miss Hermann and Miss Agar received honorable mention for their papers on surgery.

Married—On April 7th, at Churist Church, Edmonton, by the Ven. Archdeacon Gray, Miss E. B. Strong, graduate of the L. S. I., Ottawa, sister of Dr. W. F. Strong, Edmonton, to Rev. Robert Jefferson, Rector of Christ Church, Edmonton. Mrs. Jefferson will reside at 1125 Victoria avenue, Edmonton.

Married—At Calgary, March 30th, Miss Emma Veale, graduate of General Hospital, Kingston, Ont., to Mr. E. C. Ludtke, of Bow Island, Alberta.

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Five times a year the *Journal of Home Economics* (Charles St., Baltimore, Md.) comes out. The contents of this magazine are very interesting to the dietitian and the thoughtful hospital official.

The Instructive District Nursing Association of Boston published its 24th Annual Report as a pamphlet of 50 pages or more. It is a model of what such a report should be. Nurses interested in any branch of social work will read it with great profit and pleasure.

The Survey. . 105 East Twenty-second Street, New York City, is a magazine no nurse interested in social work can do without. It is the champion of social ideals. It is the magazine of the Golden Rule. Whether you are a Visiting Nurse, a School Nurse, a Factory Nurse, a Welfare Nurse, a District Nurse, a Tuberculosis Nurse, or any other good kind of a nurse you could not invest $2.00 better than by subscribing for *The Survey*.

Medical Sociology. J. P. Warbasse, M.D. New York and London: D. Appleton & Co.

This is a book on modern and professional lines which deals with the problems of modern life and medicine in its relation to modern life. It deals with health, happiness, civilization and with the occupation, education and future of those who devote themselves to the physician's calling. It is worth reading.

London Pride and London Shame. L. C. Cornford. London: P. S. King & Son.

"Take a square mile of Black London and ask how it is to be civilized?" This line, which occurs in the preface, may be called the keynote of the book, which is of extraordinary interest, chiefly because it is very true. The chapters called "Medical" and "Surgical" are fascinating. This would be a good book to read aloud to many a patient.

The Care of Children. By Bernard Myers, M.D., M.R.C.S. London: Henry Kimpton, 13 Furnival St., Holborn. 1/6.

This little book, which we have found most interesting and adapted exactly for the use of a visiting nurse or for a deaconess or health visitor, has a suggestive preface by Dr. G. F. Still, the eminent authority on children's diseases. We are impressed by the completeness of treatment given to the subject. Clothing, travelling, general management, physical education, mental education, illnesses, diet, everything receives a due share of attention. Our readers will like this book very much.

Infant Feeding. J. S. Fowler, M.D. (Edin.). The Oxford University Press. Toronto: D. T. McAinsh.

The Oxford University publications are acceptable and admirably practical. Much common sense is evident all through this text book on infant feeding. No

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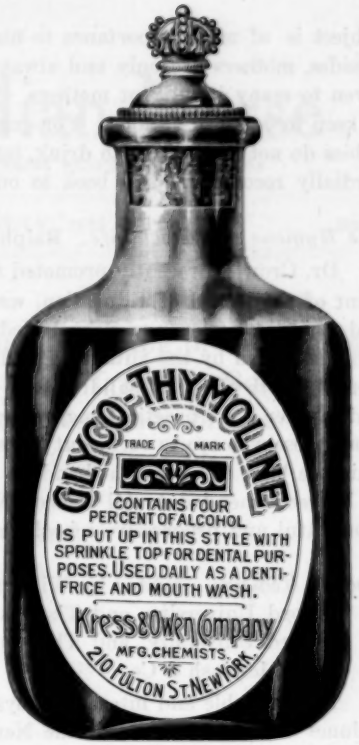
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